

Safeguarding Concern Report Form

Please complete this form as fully as possible. Leave fields blank if information is not known. Anonymous disclosures are accepted.

About the person at risk

Title

First name

Last name

Address

Postcode

Contact telephone number

Email address

Date of birth

Gender (optional)

Ethnicity (optional)

Does the person live alone?

Yes

No

Not known

About you

Your name (optional)

Your contact details (optional)

How would you describe your relation to the individual that you have concerns about?

About the incident or concern

Date of incident / concern raised

Details of concern (include what happened, when and where, and any immediate risks)

Please complete this form and return to our Leads for Safeguarding and Child Protection:

Joanna Chick: Joanna.Chick2@herefordshire.gov.uk

Jo Green: jo.green@coventry.gov.uk

You can also print this form, fill it in by hand and send it to:

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